Dr. Nichols

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93a)

07370

CERTIFICATE OF DEATH

Reg. Dist. No. 64

1. PLACE OF DEATH:

County: Caroline

City or town: Denton – Rural
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 60 years

Hospital, institution, or street address where death occurred: Near Concord

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Caroline

City or town: Denton – Rural
(If outside city or town limits, write RURAL and give nearest town)

Street No.: Near Concord
(If rural, give LOCATION)

2.(a) If veteran, name war: —

3. (a) FULL NAME: Herbert J. Beauchamp

3. (b) Social Security Number: None

4. Sex: Male

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Married

6.(b) Name of husband or wife: Corinne N. Beauchamp

6.(c) If alive, give age: 59 years

7. Birth date of deceased (mo., day, yr.): May 1, 1880

8. AGE: Years 60 | Months 2 | Days 15 | If less than one day ..... hrs. ..... min.

8. Birthplace: Caroline County, Maryland
(Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business: Own Farm

FATHER
12. Name: James Beauchamp
13. Birthplace: Caroline County, Maryland

MOTHER
14. Maiden name: Rebecca Ann Lockerman
15. Birthplace: Caroline County, Maryland

16. Informant: Mrs. Corinne N. Beauchamp
Address: Denton, Maryland, R. F. D.

17. Burial (Burial, cremation, or removal, Which?) Date thereof: July 19, 1940 (month) (day) (year)

Cemetery or crematory: Concord Cemetery

Location: Concord, Maryland

18. Funeral director: J. J. Framptom and Son
Address: Federalsburg, Maryland

19. July 18 1940 (Date rec'd by registrar) J. J. Framptom Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 16 1940, at 3 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 3 1940, to July 16 1940, and that I last saw him alive on July 16 1940

Immediate cause of death: Myocarditis

Due to: Acute

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

DURATION

Major findings of operations: Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: [signature] M. D. or other

Address: Denton Date signed: 7/17/40

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BUREAU V. S.

Dr. Knotts

07371

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(93d)

CERTIFICATE OF DEATH

Reg. Dist. No. 64

1. PLACE OF DEATH:

County: Caroline

City or town: Federalsburg - Rural
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 6 years

Hospital, institution, or street address where death occurred: Near Smithville

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Caroline

City or town: Federalsburg - Rural
(If outside city or town limits, write RURAL and give nearest town)

Street No.: Near Smithville
(If rural, give LOCATION)

2.(a) If veteran, name war: —

3. (a) FULL NAME: Sarah Jane Beebe

3. (b) Social Security Number: None

4. Sex: Female

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Widowed

6.(b) Name of husband or wife: Arthur R. Beebe

6.(c) If alive, give age: — years

7. Birth date of deceased (mo., day, yr.): August 21, 1868

8. AGE: Years: 71 Months: 10 Days: 21 If less than one day: ..... hrs. ..... min.

9. Birthplace: Sussex County, Delaware
(Town, county, and state)

10. Usual occupation: Housework

11. Industry or business: Own home

FATHER
12. Name: David Sammons
13. Birthplace: Sussex County, Delaware

MOTHER
14. Maiden name: Mary Smith
15. Birthplace: Sussex County, Delaware

16. Informant: Amos Beebe

Address: Federalsburg, Maryland, R.F.D.

17. Burial
(Burial, cremation, or removal. Which?)

Date thereof: July 15, 1940
(month) (day) (year)

Cemetery or crematory: McColley Chapel Cemetery

Location: Near Georgetown, Delaware

18. Funeral director: J. J. Framptom and Son

Address: Federalsburg, Maryland

19. July 13 1940
(Date rec'd by registrar)

J. J. Framptom
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 12 1940 at 10:20 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 7/12 1940, to 7/12 1940 and that I last saw her alive on 7/12/40 1940

Immediate cause of death: Acute Cardiac Dilatation — DURATION: 1/2 hr.

Due to: Chronic myocarditis CWGR
Duration: Unknown

Due to:

Other conditions:
(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: W. K. Knotts
M. D. or other

Address: Federalsburg Date signed: 7/13/40

VS A15 MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (8)

CERTIFICATE OF DEATH

07372

Reg. Dist. No. 62

1. PLACE OF DEATH:
County: Caroline
City or town: R.F.D. Ridgely Md.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(Former born infants give residence of mother)
State: Maryland County: Caroline
City or town: R.F.D. Ridgely
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: Baby Jackson (Stillborn)

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	Col	—

6.(b) Name of husband or wife: —

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Stillborn 7-26-40

8. AGE: Years — Months — Days — If less than one day: Stillborn hrs. min.

9. Birthplace: R.F.D. Ridgely Md
(Town, county, and state)

10. Usual occupation: —

11. Industry or business: —

FATHER
12. Name: Bent. Jackson
13. Birthplace: Denton, Md

MOTHER
14. Maiden name: Elizabeth Jackson
15. Birthplace: Ridgely Md

16. Informant: Grandfather (Chas Brown)
Address: Ridgely Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 7-26-40 (month) (day) (year)
Cemetery or crematory: Denton Col. Cemetery
Location: Denton Md

18. Funeral director: Charles Brown
Address: Ridgely

19. July 26 1940 (Date rec'd by registrar) M D O'Leary Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 7-26-40 19 at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 26 19 40
and that I last saw h alive on 19

Immediate cause of death	DURATION
Stillborn	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: H. L. Small M. D. [illegible]
Address: Denton Md. Date signed 7-26-40

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (8)

07373

CERTIFICATE OF DEATH

Reg. Dist. No. 62

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Caroline

City or town Near Denton

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State County

City or town Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Infant Joiner

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife —

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 8 1940

8. AGE: Years | Months | Days | If less than one day: Still Born hrs. min.

9. Birthplace Denton, Caroline Md.

(Town, county, and state)

10. Usual occupation none

11. Industry or business None

FATHER 12. Name Walter J. Joiner

13. Birthplace Caroline Co.

MOTHER 14. Maiden name Mary Price

15. Birthplace Md.

16. Informant Mrs Mary Joiner

Address Greensboro

17. Farm Lot (Burial, cremation, or removal. Which?) Date thereof 7-8-40 (month) (day) (year)

Cemetery or crematory

Location Nr Denton

18. Funeral director Wallis J. Joiner

Address Greensboro

19. 7-8 1940 (Date rec'd by registrar) Wm D Geary Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 8 1940, at 1A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19, to 19, and that I last saw h alive on 19.

Immediate cause of death	DURATION
Still Born - about 3 Months	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, ferm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Dawson D Teague M. D. or other

Address Denton Md Date signed 7/8/40

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BUREAU V. S.

07374

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-d)

CERTIFICATE OF DEATH

Reg. Dist. No. 60

1. PLACE OF DEATH:

County: Caroline

City or town: Marydell R.F.D.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 15 years.

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Caroline

City or town: Marydell. Md.
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Katherine Kabelka.

3. (b) Social Security Number —

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	W	Married.

6.(b) Name of husband or wife: Anton Kabelka.

6.(c) If alive, give age 79 years

7. Birth date of deceased (mo., day, yr.): Nov. 19. 1875

8. AGE: Years	Months	Days	If less than one day
65	8	6	hrs. min.

8. Birthplace: Austria
(Town, county, and state)

10. Usual occupation: Housework.

11. Industry or business ✓

FATHER
12. Name: Vukuom.
13. Birthplace: Austria

MOTHER
14. Maiden name: Vukuom.
15. Birthplace: Austria

16. Informant: Anton Kabelka.
Address: Marydell. Md.

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof: July 27, 1940
(month) (day) (year)

Cemetery or crematory: Templeville

Location: Templeville Md.

18. Funeral director: Raymond B. Rawlings.
Address: Greensboro. Md.

19. 7/26 1940 A. C. Smith
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 24 1940, at 11 P.M. 30

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 18 1940, to July 24 1940 and that I last saw her alive on July 24 1940

Immediate cause of death: Chronic Myocarditis

Due to

Due to

Other conditions: Cellulitis of legs & arms

(Include pregnancy within 3 months of death)

DURATION
(1)
(1)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Charles H. Stonesifer M.D.
M. D. or other

Address: Greensboro, Md Date signed: July 26 1940

VS A15 (T) MARGIN RESERVED FOR BINDING (M)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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AUG 6 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

07375

(131-a)

1. PLACE OF DEATH

County Caroline Registration Dist. No. 66

Village or City Ridgley Md. No. St., Md. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U.S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Enoch Mosley If U. S. Veteran, specify WAR

(a) Residence: No. Ridgely Maryland St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Mal	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Mosley.

6. DATE OF BIRTH (month, day, and year) Aug 4 1870

7. AGE Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
69	11	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Farmer.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) ___ 11. Total time (years) spent in this occupation ___

12. BIRTHPLACE (city or town) Delaware. (State or country) —

FATHER

13. NAME Morris Mosley.

14. BIRTHPLACE (city or town) Del. (State or country)

MOTHER

15. MAIDEN NAME Caroline Hansley.

16. BIRTHPLACE (city or town) Del. (State or country)

17. INFORMANT Mary Mosley. (Address) Ridley Md.

18. BURIAL, CREMATION, OR REMOVAL Place Fork Church Cem Date Aug 3, 1940

19. UNDERTAKER William A. Berry (Address) Milford Delaware

20. FILED July 31, 1940 J. D. Davis, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July (Month) 31 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from July 10, 1940, to July 31, 1940

I last saw him alive on July 30, 1940; death is said to have occurred on the date stated above at 12 P.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Cardiac-Renal Disease	1 yr

Other Contributory Causes of importance:

General Arteriosclerosis

Name of operation None Date of ___

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ___ Date of injury ___, 19___

Where did injury occur? ___ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ___

Nature of injury ___

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ___

(Signed) Charles H. Stoneshifer M. D.

(Address) Greenstone Maryland

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a **clerk**.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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AUG 2 1940
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

07376

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (106-a)

CERTIFICATE OF DEATH

Reg. Dist. No. 60

1. PLACE OF DEATH:

County Caroline

City or town Greensboro R.F.D.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days) —

Stay in this community (yrs., or mos., or days) 1 mo

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Caroline

City or town Greensboro R.F.D. Ward No. 1

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Joseph E. Murphy

3. (b) Social Security Number

4. Sex: Male

5. Color or race: W.

6. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife —

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) June 19, 1940

8. AGE: Years | Months 1 | Days 1 | If less than one day ___ hrs. ___ min.

9. Birthplace Greensboro Md.

(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER

12. Name Joseph Robert Murphy

13. Birthplace Henderson Md.

MOTHER

14. Maiden name Phillis D. Murphy

15. Birthplace Phila Pa.

16. Informant Phillis D Murphy

Address Henderson Md.

17. Burial (Burial, cremation, or removal, which?) Date thereof July 23, 1940 (month) (day) (year)

Cemetery or crematory Greensboro Md.

Location

18. Funeral director Raymond B. Rawlings

Address Greensboro Md.

19. 7/23 (Date rec'd by registrar) 19 A C Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 21 1940, at 4 P M 30

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 21 1940, to ___ 19___, and that I last saw him alive on July 21 1940.

Immediate cause of death Malnutrition

Due to

Due to

Other conditions Acute Bronchitis

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Charles H. Stoneman MD M. D. or other

Address Greensboro Md Date signed July 27 1940

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
AUG 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-a)

07377

CERTIFICATE OF DEATH

Reg. Dist. No. 64

I. PLACE OF DEATH:

County Caroline

City or town Federalsburg - Rural
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 40 years

Hospital, institution, or street address where death occurred:
Near Nichols

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Caroline

City or town Federalsburg - Rural
(If outside city or town limits, write RURAL and give nearest town)

Street No. Near Nichols
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Louise Nagel

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6.(b) Name of husband or wife Henry F. Nagel

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) May 7, 1857

8. AGE: Years 83 | Months 2 | Days 21 | If less than one day ..... hrs. ..... min.

9. Birthplace Switzerland
(Town, county, and state)

10. Usual occupation Home Work

11. Industry or business Own Home

FATHER 12. Name No data available

13. Birthplace Probably Switzerland

MOTHER 14. Maiden name No data available

15. Birthplace Probably Switzerland

16. Informant Mrs. V. E. Unger

Address Federalsburg, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 31, 1940 (month) (day) (year)

Cemetery or crematory Hill Crest Cemetery

Location Federalsburg, Maryland

18. Funeral director J. J. Frampton & Son

Address Federalsburg, Maryland

19. July 29 1940 (Date rec'd by registrar) S.S. Frampton Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 28 1940 at 4:15 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1 1940 to July 28 1940

and that I last saw h.e.x. alive on July 28 1940

Immediate cause of death	DURATION
Cardio-Vascular Renal Disease	10 yrs.
Due to	
Due to	
Other conditions acute Pulmonary Edema	2 days.

(Include pregnancy within 3 months of death)

Major findings of operations ..... Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Frank M. Anderson M. D. or other

Address Federalsburg, Md. Date signed 7/29/40

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
AUG 6 1940
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (9)

CERTIFICATE OF DEATH

07378

Reg. Dist. No. 62

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Caroline
City or town Near Denton
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State County
City or town Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Doris Ann Nicholds

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	Col.	S.

6 (b) Name of husband or wife

6(c) If widow, give age years

7. Birth date of deceased (mo., day, yr.) ~~Oct. 24~~ Oct 25 39

8. AGE:

Years	Months	Days	If less than one day
	7	12	hrs. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER 12. Name Clifton Jenkins
13. Birthplace Md.

MOTHER 14. Maiden name Helen Nicholds Jenkins
15. Birthplace Harrington Del.

16. Informant Riner Nicholds
Address Denton

17. Buried (Burial, cremation, or removal. Which?) Data thereof 7-8-40 (month) (day) (year)
Cemetery or crematory Spring Grove Cem.
Location Denton Md.

18. Funeral director J. Virgil Treadwell
Address Denton Md.

19. 7-8 1940 (Date rec'd by registrar) Mrs D. D. George Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 6 1940 10:15 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 29 1940 to 7-5-40 1940, and that I last saw h alive on 7-5-40 1940.

Immediate cause of death Whooping-cough DURATION 2 wks

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE H. L. Small M. D. or other
Address Denton, Md. Date signed 7-8-40

RECEIVED
AUG 6 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-d)

07379

CERTIFICATE OF DEATH

Reg. Dist. No. 63

1. PLACE OF DEATH:

County Caroline

City or town Preston – Rural
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life

Hospital, Institution, or street address where death occurred: Near Jonestown

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Caroline

City or town Preston – Rural
(If outside city or town limits, write RURAL and give nearest town)

Street No. Near Jonestown
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME John E. Sharp

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Colored	Widowed

6.(b) Name of husband or wife Christiana H. Sharp

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) June 11, 1873

8. AGE: Years	Months	Days	If less than one day
67	1	11	..... hrs. ..... min.

9. Birthplace Caroline County Maryland
(Town, county, and state)

10. Usual occupation Farm Laborer

11. Industry or business Farm

FATHER
12. Name William Henry Sharp
13. Birthplace Caroline County, Maryland

MOTHER
14. Maiden name Mary Mollie Cephas
15. Birthplace Caroline County, Maryland

16. Informant Mrs. Evelyn Webb Cephas
Address Preston, Maryland, R.F.D.

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 25 1940 (month) (day) (year)

Cemetery or crematory Mt. Pleasant Cemetery

Location Near Preston, Maryland

18. Funeral director J. J. Frampton & Son
Address Federalsburg, Maryland

19. July 24 1940 (Date rec'd by registrar) Cornelia Plummer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 22 1940, at 7:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19....., to ..... 19.....
and that I last saw h..... alive on ..... 19.....

Immediate cause of death Natural Causes

Due to Was in bed 2 years as result of Prolysis. No

Due to Avalon had seen him for over a year.

Other conditions This death did not involve cerebral hemorrhage. C.W.G.R.
(Include pregnancy within 8 months of death)

DURATION

Major findings of operations .....

Date of op. .....

Autopsy results .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE [signature] M. D. or other

Address Deputy Medical Examiner Date signed

CEIVED
AUG 6 1940
MEAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (9)

CERTIFICATE OF DEATH

07380

Reg. Dist. No. 61

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Caroline

City or town: Greensboro Md, R.F.D.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 2 yrsn 5 mts, 16 d

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Caroline

City or town: Greensboro R.F.D. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: ~~Mrs~~ Mildred R. Seth

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Femid	B	Single

6 (b) Name of husband or wife: —

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Dec. 2, 1937

8. AGE: Years: 2 | Months: 7 | Days: 19 | If less than one day: hrs. min.

9. Birthplace: Near Greensboro md.
(Town, county, and state)

10. Usual occupation: —

11. Industry or business

FATHER — 12. Name: John W. Seth

FATHER — 13. Birthplace: Maryland.

MOTHER — 14. Maiden name: Mary E. Smith.

MOTHER — 15. Birthplace: Maryland.

16. Informant: John W. Seth.

Address: Greensboro md R F D.

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 21. 1940 (month) (day) (year)

Cemetery or crematory: New Chapel

Location: Cordova. Md.

18. Funeral director: Raymond B. Rawlings

Address: Greensboro md.

19. July 20 1940 (Date rec'd by registrar) L. MacPuppin Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 19. 1940, at 5 A M

21. I CERTIFY that death occurred on the date above stated, that I attended deceased from July 13 1940, to July 19 1940, and that I last saw her alive on July 18 1940

Immediate cause of death: Bronchopneumonia — DURATION: 5da.

Due to:

Due to:

Other conditions: Pertussis

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE: Clark W Stoner M D
M. D. or other

Address: Greensboro Md. Date signed 7/19/40

RECEIVED
AUG 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (73d)

07381

CERTIFICATE OF DEATH

Reg. Diat. No. 64

A. Knott

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Caroline

City or town Federalsburg - Rural
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 75 years

Hospital, institution, or street address where death occurred:
Near American Corner

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Caroline

City or town Federalsburg - Rural
(If outside city or town limits, write RURAL and give nearest town)

Street No. Near American Corner
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Charles W. Smith

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widowed

6.(b) Name of husband or wife Tamsey J. Smith

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) June 2, 1857

8. AGE: Years	Months	Days	If less than one day
83	1	29	..... hrs. ..... min.

9. Birthplace Sussex County, Delaware
(Town, county, and state)

10. Usual occupation Retired Farmer

11. Industry or business Farm

FATHER 12. Name James W. Smith

FATHER 13. Birthplace Sussex County, Delaware

MOTHER 14. Maiden name Mary E. Todd

MOTHER 15. Birthplace Sussex County, Delaware

16. Informant Mrs. Neva Fiskell

Address Federalsburg, Maryland, R.F.D.

17. Burial (Burial, cremation, or removal. Which?) Date thereof August 2 1940 (month) (day) (year)

Cemetery or crematory Hill Crest Cemetery

Location Federalsburg, Maryland

18. Funeral director J. J. Frampton & Son

Address Federalsburg, Maryland

19. August 1 1940 (Date rec'd by registrar) J. J. Frampton Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 31 1940 at 5:10 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 30 1939, to July 31 1940

and that I last saw h[illegible] alive on July 31 1940

Immediate cause of death Chronic Myocarditis — DURATION 1950

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. K. Knott M. D. or other

Address Federalsburg, Md. Date signed 8/1/40

RECEIVED
AUG 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (31-a)

CERTIFICATE OF DEATH

07382

Reg. Dist. No. 62

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Caroline
City or town: Burrsville Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: County:
City or town: Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: John Houston Rawley.

3. (b) Social Security Number: none

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
male	white	married

6 (b) Name of ~~husband~~ or wife: Anna Lida Parris Rawley

6(c) If alive, give age: 70 years

7. Birth date of deceased (mo., day, yr.): Oct 19th 1859.

8. AGE: Years: 80 | Months: 8 | Days: 13 | If less than one day: ____ hrs. ____ min.

9. Birthplace: near Burrsville Md.
(town, county, and state)

10. Usual occupation: Retired Farmer

11. Industry or business

FATHER
12. Name: Wesley Rawley.
13. Birthplace: Maryland

MOTHER
14. Maiden name: Mary E. Porter.
15. Birthplace: Maryland.

16. Informant: Mrs. Henry Stafford
Address: R.D. Burrsville Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 7-5-40 (month) (day) (year)
Cemetery or crematory: Wesley Chapel
Location: Burrsville Md.

18. Funeral director: J. Virgil Wood & Son
Address: Denton Md.

19. 7-5 1940 (Date rec'd by registrar) Wm A George Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 2nd 1940, at 1.C. M

I CERTIFY that death occurred on the date above stated; that I attended deceased from June 4 1940, to July 2 1940, and that I last saw h- in alive on July 1 1940

	DURATION
Immediate cause of death: Chronic obstructive prostatitis	a month
Due to: Cardio Renal disease	4 years
Due to: arteriosclerosis	
Other conditions: Chronic Hypertrophic arthritis	12 years+

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Paul Roths M.D.
M. D. or other
Address: Denton Md. Date signed: July 5-1940

RECEIVED
AUG 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (97)

07383

CERTIFICATE OF DEATH

Reg. Diat. No. 62

1. PLACE OF DEATH:
County: Caroline
City or town: Near Denton 2nd
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Pa County:
City or town: Chester
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war:

3.(a) FULL NAME: Frank Tosh

3.(b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	Widower

6.(b) Name of husband or wife: not known
6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): July 26th 1884

8. AGE: Years	Months	Days	If less than one day
56		4	hrs. min.

9. Birthplace: Chester Pa (Town, county, and state)
10. Usual occupation: Laborer
11. Industry or business
FATHER 12. Name: Jos. R. Tosh
13. Birthplace: Chester Pa
MOTHER 14. Maiden name: Eliza Mullart
15. Birthplace: Chester Pa
16. Informant: Miss Shockley (Relative) Address: Denton
17. Burial (Burial, cremation, or removal. Which?) Date thereof: 7-30-40 (month) (day) (year)
Cemetery or crematory: Denton Cemetery
Location: Denton 2nd
18. Funeral director: J. Virgil Emerson & Son Address: Denton Md.
19. 7-30 1940 (Date rec'd by registrar) Wm D George Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 28 1940 at 4.4 M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 29 to July 28 1940
and that I last saw h-im alive on July 27 1940

Immediate cause of death	DURATION
Arteriosclerosis	10 yrs
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.:
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Emerson D George M. D. or other
Address: Denton Date signed: 7/30/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A45 (T)

RECEIVED
AUG 6 1940
BUREAU V. S.